

EXHIBIT 3 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
Group Subscribers:						
State of Michigan .....	.....	2,046	18,431	.....	.....	20,477
City of Detroit .....	970,597	736,894	220,005	.....	.....	1,927,496
Detroit Edison .....	70,178	.....	.....	.....	.....	70,178
Board of Education .....	741	21,809	.....	.....	.....	22,550
0299997 Subtotal - Group Subscribers: .....	1,041,516	760,749	238,436	.....	.....	2,040,701
0299998 Premium due and unpaid not individually listed .....	70,842	33,299	246,752	.....	.....	350,893
0299999 Total group .....	1,112,358	794,048	485,188	.....	.....	2,391,594
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities .....	.....	.....	.....	.....	.....	.....
0599999 Accident and health premiums due and unpaid(Page 2, Line 10) ...	1,112,358	794,048	485,188	.....	.....	2,391,594

EXHIBIT 4 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Receivables not individually listed						
Providers' Receivable .....	2,734,000					2,734,000
Pharmacy Rebate Receivable .....	300,000		346,861			646,861
Maternity Case Rate Receivable .....	528,931					528,931
Psychotropic Drug Receivable .....	452,092					452,092
FEHBP Receivable .....	341,899	104,644				446,542
Medicaid Capitation Due from State .....	268,423					268,423
0499999 Total - Receivables not individually listed .....						
0599999 Health care receivables .....	4,625,345	104,644	346,861			5,076,849

EXHIBIT 5 - CLAIMS PAYABLE (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Payable						
Hospital Settlement .....					20,900,000	20,900,000
0199999 Total - Individually Listed Claims Payable .....					20,900,000	20,900,000
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,970,447	1,092,924	445,108	324,616	38,158,459	41,991,554
0499999 Subtotals .....	1,970,447	1,092,924	445,108	324,616	59,058,459	62,891,554
0599999 Unreported claims and other claim reserves .....						27,094,782
0699999 Total Amounts Withheld .....						
0799999 Total Claims Payable .....						89,986,336
0899999 Accrued Medical Incentive Pool .....						1,957,610

EXHIBIT 6 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
CasinoCare .....	180,397	140,902				321,300	
United American HealthCare .....	2,603,206					2,603,206	
OmniCare TPA, Inc. ....	61,692	1,855				63,546	
0199999 Total - Individually listed receivables .....	2,845,295	142,757				2,988,052	
0299999 Receivables not individually listed .....							
0399999 Total gross amounts receivable .....	2,845,295	142,757				2,988,052	

EXHIBIT 7 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div>NONE</div>			
0399999 Total gross payables .....	..... X X X .....	.....	.....	.....

EXHIBIT 8 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total	Total Members Covered	Column 3 as a % of Total	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....	21,899,376	14.117	1,168,540	100.000		21,899,376
2.	Intermediaries .....						
3.	All other providers .....	13,869,329	8.941				13,869,329
4.	Total capitation payments .....	35,768,705	23.058	1,168,540	100.000		35,768,705
<b>Other Payments:</b>							
5.	Fee-for-service .....			X X X	X X X		
6.	Contractual fee payments .....	119,357,717	76.942	X X X	X X X		119,357,717
7.	Bonus/withhold arrangements - fee-for-service .....			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X	X X X		
9.	Non-contingent salaries .....			X X X	X X X		
10.	Aggregate cost arrangements .....			X X X	X X X		
11.	All other payments .....			X X X	X X X		
12.	Total other payments .....	119,357,717	76.942	X X X	X X X		119,357,717
13.	Total (Line 4 plus Line 12) .....	155,126,422	100.000	X X X	X X X		155,126,422

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		NONE			
9999999 Totals .....			X X X	X X X	X X X

EXHIBIT 9 - FURNITURE AND EQUIPMENT OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets Used for the Delivery of Health Care
1.	Administrative furniture and equipment .....						
2.	Medical furniture, equipment and fixtures .....	N O N E					
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	Total .....						



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:  
NAIC Group Code 0000 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 95582

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	100,484	410	34,390				X X X		65,684	
2. First Quarter .....	97,522	404	30,074				X X X		67,044	
3. Second Quarter .....	94,741	405	29,130				X X X		65,206	
4. Third Quarter .....	98,905	310	29,315				X X X		69,280	
5. Current Year .....	94,218	260	27,592				X X X		66,366	
6. Current Year Member Months .....	1,169,125	4,141	350,548				X X X		814,436	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	791,300	5,000	264,700				X X X		521,600	
8. Non-Physician .....							X X X			
9. Total .....	791,300	5,000	264,700				X X X		521,600	
10. Hospital Patient Days Incurred .....	46,864	228	3,026				X X X		43,610	
11. Number of Inpatient Admissions .....	11,324	118	1,930				X X X		9,276	
12. Premiums Collected .....	194,241,149	593,019	45,302,876				6,460,951		141,884,303	
13. Premiums Earned .....	192,769,589	628,616	43,669,414				6,103,786		142,367,773	
14. Amount Paid for Provision of Health Care Services .....	155,126,424	828,200	42,562,554				4,242,966		107,492,704	
15. Amount of Incurred for Provision of Health Care Services .....	226,305,371	942,924	62,423,855				9,826,743		153,111,849	

34 Grand Total





EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION: 2. DIVISION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 0000 NAIC Company Code 95582

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	100,484	410	34,390				X X X		65,684	
2. First Quarter .....	97,522	404	30,074				X X X		67,044	
3. Second Quarter .....	94,741	405	29,130				X X X		65,206	
4. Third Quarter .....	98,905	310	29,315				X X X		69,280	
5. Current Year .....	94,218	260	27,592				X X X		66,366	
6. Current Year Member Months .....	1,169,125	4,141	350,548				X X X		814,436	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	791,300	5,000	264,700				X X X		521,600	
8. Non-Physician .....							X X X			
9. Total .....	791,300	5,000	264,700				X X X		521,600	
10. Hospital Patient Days Incurred .....	46,864	228	3,026				X X X		43,610	
11. Number of Inpatient Admissions .....	11,324	118	1,930				X X X		9,276	
12. Premiums Collected .....	194,241,149	593,019	45,302,876				6,460,951		141,884,303	
13. Premiums Earned .....	192,769,589	628,616	43,669,414				6,103,786		142,367,773	
14. Amount Paid for Provision of Health Care Services .....	155,126,424	828,200	42,562,554				4,242,966		107,492,704	
15. Amount of Incurred for Provision of Health Care Services .....	226,305,371	942,924	62,423,855				9,826,743		153,111,849	

SCHEDULE A - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value, December 31, prior year (prior year statement)	
2.	Increase (decrease) by adjustment:	
2.1	Totals, Part 1, Column 10	
2.2	Totals, Part 3, Column 7	
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
4.1	Totals, Part 1, Column 13	
4.2	Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment	
6.1	Totals, Part 1, Column 11	
6.2	Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11	
8.	Book/adjusted carrying value at the end of current period	
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, current period)	

NONE

SCHEDULE B - VERIFICATION BETWEEN YEARS

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year	
2.	Amount loaned during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount and mortgage interest points and commitment fees	
4.	Increase (decrease) by adjustment	
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period	
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	
12.	Total nonadmitted amounts	
13.	Statement value of mortgages owned at end of current period	

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year	357,767
2.	Cost of acquisitions during year:	
2.1	Actual cost at time of acquisitions	
2.2	Additional investment made after acquisitions	
3.	Accrual of discount	
4.	Increase (decrease) by adjustment	41,182
5.	Total profit (loss) on sale	
6.	Amounts paid on account or in full during the year	
7.	Amortization of premium	
8.	Increase (decrease) by foreign exchange adjustment	
9.	Book/adjusted carrying value of long-term invested assets at end of current period	398,949
10.	Total valuation allowance	
11.	Subtotal (Lines 9 plus 10)	398,949
12.	Total nonadmitted amounts	
13.	Statement value of long-term invested assets at end of current period	398,949

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5  Over 20 Years	6  Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Class 1	110,332	840,817	203,066			1,154,215	95.71	1,082,274	100.00	1,154,215	
1.2	Class 2	51,770					51,770	4.29			51,770	
1.3	Class 3											
1.4	Class 4											
1.5	Class 5											
1.6	Class 6											
1.7	TOTALS	162,102	840,817	203,066			1,205,985	100.00	1,082,274	100.00	1,205,985	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Class 1											
2.2	Class 2											
2.3	Class 3											
2.4	Class 4											
2.5	Class 5											
2.6	Class 6											
2.7	TOTALS											
3.	STATES, TERRITORIES AND POSSESSIONS ETC., GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Class 1											
3.2	Class 2											
3.3	Class 3											
3.4	Class 4											
3.5	Class 5											
3.6	Class 6											
3.7	TOTALS											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Class 1											
4.2	Class 2											
4.3	Class 3											
4.4	Class 4											
4.5	Class 5											
4.6	Class 6											
4.7	TOTALS											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUARANTEED, SCHEDULES D & DA (Group 5)											
5.1	Class 1											
5.2	Class 2											
5.3	Class 3											
5.4	Class 4											
5.5	Class 5											
5.6	Class 6											
5.7	TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Class 1 .....											
6.2 Class 2 .....											
6.3 Class 3 .....											
6.4 Class 4 .....											
6.5 Class 5 .....											
6.6 Class 6 .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Class 1 .....											
7.2 Class 2 .....											
7.3 Class 3 .....											
7.4 Class 4 .....											
7.5 Class 5 .....											
7.6 Class 6 .....											
7.7 TOTALS .....											
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Class 1 .....											
8.2 Class 2 .....											
8.3 Class 3 .....											
8.4 Class 4 .....											
8.5 Class 5 .....											
8.6 Class 6 .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Class 1 .....											
9.2 Class 2 .....											
9.3 Class 3 .....											
9.4 Class 4 .....											
9.5 Class 5 .....											
9.6 Class 6 .....											
9.7 TOTALS .....											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. TOTAL BONDS CURRENT YEAR											
10.1 Class 1	110,332	840,817	203,066			1,154,215	95.71	X X X	X X X	1,154,215	
10.2 Class 2	51,770					51,770	4.29	X X X	X X X	51,770	
10.3 Class 3								X X X	X X X		
10.4 Class 4								X X X	X X X		
10.5 Class 5						(c)		X X X	X X X		
10.6 Class 6						(c)		X X X	X X X		
10.7 TOTALS	162,102	840,817	203,066			(b) 1,205,985	100.00	X X X	X X X	1,205,985	
10.8 Line 10.7 as a % of Column 6	13.44	69.72	16.84			100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Class 1	205,658	580,971	295,645			X X X	X X X	1,082,274	100.00	1,082,274	
11.2 Class 2						X X X	X X X				
11.3 Class 3						X X X	X X X				
11.4 Class 4						X X X	X X X				
11.5 Class 5						X X X	X X X	(c)			
11.6 Class 6						X X X	X X X	(c)			
11.7 TOTALS	205,658	580,971	295,645			X X X	X X X	(b) 1,082,274	100.00	1,082,274	
11.8 Line 11.7 as a % of Col. 8	19.00	53.68	27.32			X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Class 1	110,332	840,817	203,066			1,154,215	95.71	1,082,274	100.00	1,154,215	X X X
12.2 Class 2	51,770					51,770	4.29			51,770	X X X
12.3 Class 3											X X X
12.4 Class 4											X X X
12.5 Class 5											X X X
12.6 Class 6											X X X
12.7 TOTALS	162,102	840,817	203,066			1,205,985	100.00	1,082,274	100.00	1,205,985	X X X
12.8 Line 12.7 as a % of Col. 6	13.44	69.72	16.84			100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	13.44	69.72	16.84			100.00	X X X	X X X	X X X	100.00	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Class 1										X X X	
13.2 Class 2										X X X	
13.3 Class 3										X X X	
13.4 Class 4										X X X	
13.5 Class 5										X X X	
13.6 Class 6										X X X	
13.7 TOTALS										X X X	
13.8 Line 13.7 as a % of Col. 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							X X X	X X X	X X X	X X X	

(a) Includes \$..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$..... current year, \$..... prior year of bonds with Z designations and \$..... current year, \$..... prior year of bonds with Z\* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z\*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$..... current year, \$..... prior year of bonds with 5\* designations and \$..... current year, \$..... prior year of bonds with 6\* designations. "5\*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6\*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

Distribution by Type		1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1.	U.S. GOVERNMENTS, SCHEDULES D & DA (Group 1)											
1.1	Issuer Obligations .....	162,102	840,817	203,066			1,205,985	100.00	1,082,274	100.00	1,205,985	
1.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
1.7	TOTALS .....	162,102	840,817	203,066			1,205,985	100.00	1,082,274	100.00	1,205,985	
2.	ALL OTHER GOVERNMENTS, SCHEDULES D & DA (Group 2)											
2.1	Issuer Obligations .....											
2.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
2.3	Defined .....											
2.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
2.5	Defined .....											
2.6	Other .....											
2.7	TOTALS .....											
3.	STATES, TERRITORIES AND POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 3)											
3.1	Issuer Obligations .....											
3.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
3.3	Defined .....											
3.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
3.5	Defined .....											
3.6	Other .....											
3.7	TOTALS .....											
4.	POLITICAL SUBDIVISIONS OF STATES, TERRITORIES & POSSESSIONS, GUARANTEED, SCHEDULES D & DA (Group 4)											
4.1	Issuer Obligations .....											
4.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
4.3	Defined .....											
4.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
4.5	Defined .....											
4.6	Other .....											
4.7	TOTALS .....											
5.	SPECIAL REVENUE & SPECIAL ASSESSMENT OBLIGATIONS ETC., NON-GUAR., SCH. D & DA (Group 5)											
5.1	Issuer Obligations .....											
5.2	Single Class Mortgage-Backed/Asset-Backed Bonds .....											
	<b>MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:</b>											
5.3	Defined .....											
5.4	Other .....											
	<b>MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:</b>											
5.5	Defined .....											
5.6	Other .....											
5.7	TOTALS .....											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
6. PUBLIC UTILITIES (UNAFFILIATED), SCHEDULES D & DA (Group 6)											
6.1 Issuer Obligations .....											
6.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined .....											
6.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined .....											
6.6 Other .....											
6.7 TOTALS .....											
7. INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED), SCHEDULES D & DA (Group 7)											
7.1 Issuer Obligations .....											
7.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined .....											
7.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined .....											
7.6 Other .....											
7.7 TOTALS .....											
8. CREDIT TENANT LOANS, SCHEDULES D & DA (Group 8)											
8.1 Issuer Obligations .....											
8.7 TOTALS .....											
9. PARENT, SUBSIDIARIES AND AFFILIATES, SCHEDULES D & DA (Group 9)											
9.1 Issuer Obligations .....											
9.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined .....											
9.4 Other .....											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined .....											
9.6 Other .....											
9.7 TOTALS .....											

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Types of and subtype of Issues

	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 7 Prior Year	9 % From Column 8 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
Distribution by Type											
10. TOTAL BONDS CURRENT YEAR											
10.1 Issuer Obligations .....	162,102	840,817	203,066			1,205,985	100.00	X X X	X X X	1,205,985	
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined .....								X X X	X X X		
10.4 Other .....								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined .....								X X X	X X X		
10.6 Other .....								X X X	X X X		
10.7 TOTALS .....	162,102	840,817	203,066			1,205,985	100.00	X X X	X X X	1,205,985	
10.8 Line 10.7 as a % of Column 6 .....	13.44	69.72	16.84			100.00	X X X	X X X	X X X	100.00	
11. TOTAL BONDS PRIOR YEAR											
11.1 Issuer Obligations .....	205,658	580,971	295,645			X X X	X X X	1,082,274	100.00	1,082,274	
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined .....						X X X	X X X				
11.4 Other .....						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined .....						X X X	X X X				
11.6 Other .....						X X X	X X X				
11.7 TOTALS .....	205,658	580,971	295,645			X X X	X X X	1,082,274	100.00	1,082,274	
11.8 Line 11.7 as a % of Column 8 .....	19.00	53.68	27.32			X X X	X X X	100.00	X X X	100.00	
12. TOTAL PUBLICLY TRADED BONDS											
12.1 Issuer Obligations .....	110,332	840,817	203,066			1,154,215	95.71	1,082,274	100.00	1,154,215	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined .....											X X X
12.4 Other .....											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined .....											X X X
12.6 Other .....											X X X
12.7 TOTALS .....	110,332	840,817	203,066			1,154,215	95.71	1,082,274	100.00	1,154,215	X X X
12.8 Line 12.7 as a % of Column 6 .....	9.56	72.85	17.59			100.00	X X X	X X X	X X X	100.00	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10 .....	9.15	69.72	16.84			95.71	X X X	X X X	X X X	95.71	X X X
13. TOTAL PRIVATELY PLACED BONDS											
13.1 Issuer Obligations .....										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds .....										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined .....										X X X	
13.4 Other .....										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined .....										X X X	
13.6 Other .....										X X X	
13.7 TOTALS .....										X X X	
13.8 Line 13.7 as a % of Column 6 .....							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10 .....							X X X	X X X	X X X	X X X	



SCHEDULE DA - PART 2  
Verification of SHORT-TERM INVESTMENTS Between Years

		1	2	3	4	5
		Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, prior year .....	48,954			48,954	
2.	Cost of short-term investments acquired .....	384,657			384,657	
3.	Increase (decrease) by adjustment .....					
4.	Increase (decrease) by foreign exchange adjustment .....					
5.	Total profit (loss) on disposal of short-term investments .....					
6.	Consideration received on disposal of short-term investments .....	381,841			381,841	
7.	Book/adjusted carrying value, current year .....	51,770			51,770	
8.	Total valuation allowance .....					
9.	Subtotal (Lines 7 plus 8) .....	51,770			51,770	
10.	Total nonadmitted amounts .....					
11.	Statement value (Lines 9 minus 10) .....	51,770			51,770	
12.	Income collected during year .....	1,612			1,612	
13.	Income earned during year .....	1,520			1,520	

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

44     **Schedule DB Part A Verification . . . . . NONE**

44     **Schedule DB Part B Verification . . . . . NONE**

45     **Schedule DB Part C Verification . . . . . NONE**

45     **Schedule DB Part D Verification . . . . . NONE**

45     **Schedule DB Part E Verification . . . . . NONE**

46     **Schedule DB Part F Sn 1 - Sum Replicated Assets . . . . . NONE**

47     **Schedule DB Part F Sn 2 - Recon Replicated Assets . . . . . NONE**

48     **Schedule S - Part 1 - Section 2 . . . . . NONE**

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Paid Losses	Unpaid Losses
0799999 Totals - Life, Annuity and Accident and Health .....					.....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates												
22039 ....	13-2673100 ...	04/01/2001	General Reinsurance Cologne .....	Stamford, CT .....	SS/L .....	375,122						
0299999 Total - Non-Affiliates .....						375,122						
0399999 Totals .....						375,122						

**SCHEDULE S - PART 4**  
**Reinsurance Ceded To Unauthorized Companies**

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
1199999	Totals	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2001	2 2000	3 1999	4 1998	5 1997
A. OPERATIONS ITEMS					
1. Premiums .....	180				
2. Title XVIII-Medicare .....					
3. Title XIX - Medicaid .....	195				
4. Commissions and reinsurance expense allowance .....					
5. TOTAL medical and hospital expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....					
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances unpaid .....					
11. Unauthorized reinsurance offset .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F) .....					
13. Letters of credit (L) .....					
14. Trust agreements (T) .....					
15. Other (O) .....					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 9) .....	26,272,566		26,272,566
2. Amounts recoverable from reinsurers (Line 12) .....			
3. Accident and health premiums due and unpaid (Line 10) .....	2,391,594		2,391,594
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	8,302,630	(156,775)	8,145,855
6. Total assets (Line 23) .....	36,966,790	(156,775)	36,810,015
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	89,467,766		89,467,766
8. Accrued medical incentive pool and bonus payments (Line 2) .....	1,957,610		1,957,610
9. Premiums received in advance (Line 6) .....			
10. Reinsurance in unauthorized companies (Line 14) .....			
11. All other liabilities (Balance) .....	3,372,323		3,372,323
12. Total liabilities (Line 18) .....	94,797,699		94,797,699
13. Total capital and surplus (Line 26) .....	(57,830,908)	X X X	(57,830,908)
14. Total liabilities, capital and surplus (Line 27) .....	36,966,790		36,966,790
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
15. Claims unpaid .....			
16. Accrued medical incentive pool .....			
17. Premiums received in advance .....			
18. Reinsurance recoverable on paid losses .....			
19. Other ceded reinsurance recoverables .....			
20. Total ceded reinsurance recoverables .....			
21. Premiums receivable .....			
22. Unauthorized reinsurance .....			
23. Other ceded reinsurance payables/offsets .....			
24. Total ceded reinsurance payables/offsets .....			
25. Total net credit for ceded reinsurance .....			

SCHEDULE Y (continued)  
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
0000 .....	38-2526913 .....	United American HealthCare Corporation .....	.....	.....	.....	..... (911,958)	.... 16,166,736	.....	.....	.....	.... 15,254,778	.....
95582 .....	38-2031377 .....	OmniCare Health Plan .....	.....	.....	.....	..... 911,958	.. (16,166,736)	.....	.....	.....	.. (15,254,778)	.....
9999999 Totals .....			.....	.....	.....	..... 0	.....	.....	X X X	.....	..... 0	.....

Schedule Y Part 2 Explanation:



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES

- 1.1 Does your company write Medicare Supplement Insurance?

Yes[ ] No[X]
- 1.2 Will the Medicare Supplement Insurance Experience Exhibit be filed by March 1?

Yes[ ] No[X]
- 1.3 If first response is yes and second response is no, please explain:  
If second response is no and the form is "None," affix bar code (Document Identifier 360) here:
- 2.1 The Supplemental Compensation Exhibit is a required filing, with the domiciliary Department, for all companies. Will the Supplemental Compensation Exhibit be filed with the domiciliary Department by March 1?

Yes[ ] No[X]
- 2.2 If answer is no, please explain:  
Due date is extended to April 15, 2002  
If response is no and the form is "None," affix bar code (Document Identifier 460) here:
- 3.1 An actuarial certification is a required filing for all companies. Will an actuarial certification be filed by March 1?

Yes[ ] No[X]
- 3.2 If answer is no, please explain:  
Due date is extended to April 15, 2002  
If response is no and the form is "None," affix bar code (Document Identifier 440) here:
- 4.1 The officers and directors information is a required filing for all companies. Will the officers and directors information be filed with the NAIC by March 1?

Yes[ ] No[X]
- 4.2 If answer is no, please explain:  
No longer a requirement  
If response is no and the form is "None," affix bar code (Document Identifier 380) here:
- 5.1 Will the Risk-based Capital Report be filed with the NAIC by March 1?

Yes[ ] No[X]
- 5.2 If no, please explain:  
Due date is extended to April 15, 2002  
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 5.3 Will the Risk-based Capital Report be filed with the domiciliary department, if required by March 1?

Yes[ ] No[X]
- 5.4 If no, please explain:  
Due date is extended to April 15, 2002  
If response is no and the form is "None," affix bar code (Document Identifier 390) here:
- 6.1 The SVO Compliance Certification is a required filing for all companies. Will the SVO Compliance Certification be filed by March 1?

Yes[ ] No[X]
- 6.2 If no, please explain:  
Not required.  
If response is no and the form is "None," affix bar code (Document Identifier 470) here:
- 7.1 Management's Discussion and Analysis is a required filing. Will Management's Discussion and Analysis be filed by April 1?

Yes[ ] No[X]
- 7.2 If answer is no, please explain:  
Due date is extended to April 15, 2002  
If response is no and the form is "None," affix bar code (Document Identifier 350) here:

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

- 8.1 Does your company write Long-term Care Insurance?

Yes[ ] No[X]
- 8.2 Will the Long-term Care Experience Reporting Forms be filed by April 1?

Yes[ ] No[X]
- 8.3 If first response is yes and second response is no, please explain:  
If second response is no and the form is "None," affix bar code (Document Identifier 340) here:
- 9.1 The Investment Risks Interrogatories is a required filing. Will this be filed by April 1?

Yes[ ] No[X]
- 9.2 If no, please explain:  
Due date is extended until April 15, 2002  
If response is no and the form is "None," affix bar code (Document Identifier 285) here:
- 10.1 An audited financial report is a required filing for all companies. Will an audited financial report be filed by June 1 with the domiciliary?

Yes[X] No[ ]
- 10.2 If answer is no, please explain:  
If response is no and the form is "None," affix bar code (Document Identifier 220) here:

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
0897. Summary of remaining write-ins for Line 8 (Lines 0804 through 0896) .....	.....	.....	.....	.....
2204. Due from Women, Infants and Children Program .....	..... 61,941	.....	..... 61,941	.....
2205. CountyCare receivable .....	.....	.....	.....	..... 244,050
2297. Summary of remaining write-ins for Line 22 (Lines 2204 through 2296) .....	..... 61,941	.....	..... 61,941	..... 244,050

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	1	2	3	4
	Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Claims adjustment expenses .....	..... 518,570	.....	.....	..... 518,570
2597. Summary of overflow write-ins for Line 25 .....	..... 518,570	.....	.....	..... 518,570

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT  
FOR THE STATE OF MICHIGAN



NAIC Group Code: 0000  
Address (City, State and Zip Code): Detroit, MI 48207  
Person Completing This Exhibit:

NAIC Company Code: 95582

Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 1998				Policies Issued in 1999, 2000, 2001			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies .....										.....	.....	.....	.....	.....	.....	.....	.....

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address:
  - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 42 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

MS Michigan

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